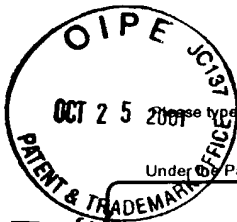


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 PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

 Assistant Commissioner for Patents
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Attorney Docket No.

ENDC19

First Named Inventor

Blasing

Original Patent Number

5,567,132

Original Patent Issue Date
(Month/Day/Year)

02/02/1999

Express Mail Label No.

EK267312584US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



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Registration No. (Attorney/Agent)

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Ingrid McTaggart

Date


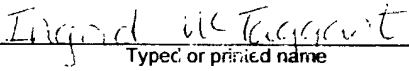
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P SUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) ENDC19	
Claims as Filed - Part 1							
Claims in Patent (A) 43 (C) 6	Total Claims (37 CFR 1.16(i)) Independent claims (37 CFR 1.16(j))	Number Filed in Reissue Application (B) 44 (D) 6	(3) Number Extra **** 1 = C =	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
				x \$		x \$ 18 =	18
				x \$		x \$	
Basic Fee (37 CFR 1.16(h)) \$							\$ 710
Total Filing Fee \$						CR	\$ 728
Claims as Amended - Part 2							
Total Claims (37 CFR 1.16(i))	(1) Claims Remaining After Amendment	(2) Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
***	MINUS	**	*	x \$		x \$	
Independent Claims (37 CFR 1.16(j))	***	MINUS	****	x \$		x \$	
Total Additional Fee \$						OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 2.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (D - 1). If "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>728.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>							
10-25-01 Date				 Signature of Applicant, Attorney or Agent of Record  Typed or printed name			